

Rhode Island Department of Health

Health Policy Briefs

Tobacco control programs prevent children from smoking and help smokers quit!

March, 1999

Issue 99-4

Patricia A. Nolan, MD, MPH, Director of Health

We can prevent children from smoking ...

... with a comprehensive prevention program, including:

Large-scale counter-advertising, to combat the tobacco industry's relentless pursuit of our children through community advertising.

During the 1960s television counter-advertising drove tobacco use down. Counter-advertising can be an effective antidote to the slick products of Madison Avenue. Spending more on counter-advertising yields greater reductions in tobacco use.

What different levels of spending on tobacco control activities achieved in three states:			
State	Year Began	\$ Spent / Capita / Year	Reduction in Smoking
Rhode Island	1991	\$ 1	13%
California	1988	\$ 4	40%
Massachusetts	1992	\$ 5	20%

Tighter law enforcement, to cut the illegal sale of tobacco to minors.

Many forces push children to experiment with tobacco. If tobacco is easy to get, apparently 'harmless' experimentation can quickly lead to nicotine addiction. In the past, about half the tobacco retailers in Rhode Island sold tobacco to children. Since last year, however, with resources from the federal government, municipal police forces throughout the State have cut this fraction to one-fourth.

Comprehensive school programs, to give consistent and persistent messages about tobacco, and to teach refusal skills.

Comprehensive school programs prevent tobacco use among children. Effective programs prohibit tobacco use in school and at school events, help smokers quit, provide instruction in grades K-12 about the social and psychological causes of tobacco use, and work to get teachers, students, families, administrators, and community leaders delivering consistent messages about tobacco use.

Higher tobacco prices, to keep cigarettes out of kids' reach and cut tobacco consumption.

The price of tobacco affects sales and consumption. A 10% increase in the price of tobacco brings a 3-5% decrease in tobacco sales. This is why the tobacco industry fights higher tobacco excise taxes.

What a 10% per year increase in the cost of tobacco would do to cigarette consumption in Rhode Island:				
Year:	Baseline	Year 5	Year 10	Year 15
Packs sold:	87 million	71 million	58 million	47 million

.. and we can help smokers quit ...

... with a comprehensive "quit" program, including:

World-class smoking cessation programs, to help smokers quit.

The University of Rhode Island (URI) and Brown University School of Medicine have conducted world-class smoking cessation research projects, resulting in model programs designed to reach smokers in a wide variety of settings: homes, schools, worksites, doctor's offices and others.

Traditional smoking clinics achieve quit rates as high as 30%, but can be expensive and often attract only a few smokers. The URI population-based approach achieves a quit rate of about 24%, but successfully recruits up to 80% of smokers. It also helps smokers along the path to quitting -- even if they are not planning to quit in the near future. If the URI population-based model were fielded statewide, it could achieve major reductions in smoking in just a few years.

The Brown-based program addresses smokers who are strongly addicted to nicotine and smokers who are also dependent on alcohol. Typically, these smokers require additional interventions and support. The Brown-based program treats smokers with a combination of behavioral and medical therapy tailored to meet individual needs.

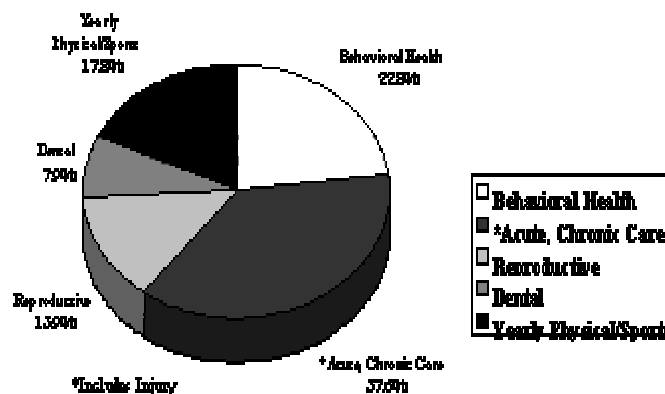
Brown and URI collaborate on a number of important research studies. A comprehensive statewide program could be built on this relationship to reach all smokers, regardless of smoking history.

Restrictions on smoking indoors, to protect the health of all and to remind smokers and non-smokers, alike, about the health hazards of second-hand smoke for themselves, co-workers, and children.

Policies that promote clean indoor air in public places, workplaces, and restaurants protect us and our children from the real dangers of second-hand smoke. Such policies also remind smokers about the health hazards of tobacco use and help them think before they light up. The ASSIST Program, funded by the National Cancer Institute, focuses on the development of such policies at state, municipal, and organizational levels. Relative to other states, the 17 states with ASSIST programs experienced a 7% greater decline in cigarette consumption in the first five years of the program.

Per Capita Cigarette Packs Consumed per Month

Combined SBHC Visits By Type



We can prevent children from smoking!

We can help smokers quit!

But we need:

*** Large-scale counter-advertising**, to combat the tobacco industry's relentless pursuit of our children through community advertising.

*** Tighter law enforcement**, to cut the illegal sale of tobacco to minors.

*** Comprehensive school programs**, to give consistent and persistent

messages about tobacco, and to teach refusal skills.

* **World-class smoking cessation programs**, to help smokers quit.

* **Restrictions on smoking indoors**, to protect the health of all and to remind smokers and non-smokers, alike, about the health hazards of second-hand smoke for themselves, co-workers, and children.

* **Higher tobacco prices**, to price cigarettes out of kids' reach and to cut tobacco consumption.

Telephone contact:

John P. Fulton, PhD, RI Department of Health, 401-222-1394 x115